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CONFIRMATION NO. 2519

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10/762,210		424	1651	IVGN 837.5

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**** CONTINUING DATA *******

This application is a CIP of 10/350,305 01/22/2003
 which is a CIP of 10/187,467 06/28/2002
 which is a CIP of 10/133,236 04/26/2002 PAT 6,867,041
 which is a CIP of 09/960,264 09/20/2001 PAT 6,797,514
 which is a CIP of 09/794,230 02/26/2001 PAT 6,905,874
 which claims benefit of 60/184,788 02/24/2000
 and claims benefit of 60/249,902 11/17/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
04/24/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No		WA	52	10	2

ADDRESS

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TITLE

Activation and expansion of cells

FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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